



Ballston Spa
Education Foundation

PO Box 276, Ballston Spa NY 12020

- bspaedfoundation.com

Membership Committee
New Member Information

Date: _____

Name: _____

Home Address: _____

Phone: _____

E-mail Address: _____

Work Address: _____

Name of Spouse/Domestic Partner: _____

Name(s) and age(s) of children: _____

Present Position and Title: _____

Professional Memberships, Organizations (List any offices held): _____

Civic, Service, Fraternal, Special Interest Organizations (list memberships):

Education- College(s) attended and degrees(s) awarded: _____

Hobbies and Interests: _____

Please elaborate on any experiences you have had and/or skills you possess that you can bring to the board as a new member (Please include both personal and professional experiences):

Thank you for taking the time to provide us with this information.
Please email completed form to bspaedfoundation@gmail.com